Attorney's Docket No.: 15786-042001

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Leonid Raiz et al.

Art Unit : 2135

Serial No.: 09/755,975

Examiner: Kim Vu

Filed : January 5, 2001 Title

: SOFTWARE USAGE/PROCUREMENT MANAGEMENT

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Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

FEB 0 1 2005

## AMENDMENT IN REPLY TO ACTION OF OCTOBER 1, 2004

Please amend the above-identified application as follows:

CERTIFICATE OF TRANSMISSION BY FACSIMILE 03/10/2005 KHATSON I hereby certify that this correspondence is being transmitted by facsimile to the Patent and Tradernark Office on the date indicated Tammers A. Shinn

Typed or Printed Name of Person Signing Continente

PAGE 3/15" RCVD AT 2/1/2005 4:14:28 PM [Eastern Standard Time] SVR:USPTO-EFXRF-1/5" DNIS:8729303" CSID:612 288 9696" DURATION (mm-ss):05-50

061050

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number 09755975

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                          |  |   |                |                      |                              |                          |          | SMALL ENTITY TYPE   |                        |           | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|--|---|----------------|----------------------|------------------------------|--------------------------|----------|---------------------|------------------------|-----------|-------------------------------|------------------------|
| TOTAL CLAIMS   |  |   |                |                      |                              |                          | ſ        | RATE                | FEE                    | )<br>     | RATE                          | FEE                    |
| FOR  |  |   | NUMBER F       | ILED                 | NUMB                         | ER EXTRA                 |          | BASIC FEE           |                        | OR        | BASIC FEE                     | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 43 minus 20=   |                      | · 23                         |                          |          | X\$ 9=              | 207.0                  | OR        | X\$18=                        | ,                      |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 =    |                      | . Ø                          |                          |          | X40=                |                        | OR        | X80=                          |                        |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM P                              | ESENT          |                      |                              |                          |          | +135=               |                        | OR        | +270=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                |                      |                              |                          |          | TOTAL               | 562.M                  | OR        | TOTAL                         |                        |
| CLAIMS AS AMENDED - PART II  |  |   |                |                      |                              |                          |          | SMALL ENTITY OR     |                        |           | OTHER THAN<br>SMALL ENTITY    |                        |
| r  | 7010   | (Column 1)<br>CLAIMS                      |                | (Colu                |                              | (Column 3)               | 1 6      | SWALL               |                        | Un<br>I i | JIIAEE                        |                        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT           |                | PREVI                | IBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA         |          | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 43                                      | Minus          | /                    | <del>1</del> 3               | = _/                     |          | X\$ 9=              |                        | OR        | X\$18=                        |                        |
|  | Independent                                    | ・ <u> </u>                                | Minus          | ***                  | T CLAIM                      |                          |          | X40=                |                        | OR        | X80=                          |                        |
|  |  |   |                |                      |                              |                          |          | +135=               |                        | OR        | +270=                         |                        |
|  |  |   |                |                      |                              |                          |          | TOTAL<br>ADDIT, FEE |                        | OR        | TOTAL<br>ADDIT, FEE           |                        |
|  |  |   |                |                      |                              |                          |          |                     |                        |           |                               |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | NUM<br>PREVI         | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA         |          | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus          | **                   |                              | =                        |          | X\$ 9=              |                        | OR        | X\$18=                        |                        |
|  | Independent                                    | •   | Minus '        | ***                  |                              | =                        |          | X40=                |                        | OR        | X80=                          |                        |
|  | FIRST PRESE                                    | NTATION OF MU                             | ILTIPLE DEP    | ENDEN                | T CLAIM                      |                          | <b>!</b> | +135=               |                        | OR        | +270=                         |                        |
|  |  |   |                |                      |                              |                          | _        | TOTAL<br>DDIT, FEE  |                        | OR        | TOTAL<br>ADDIT. FEE           |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                |                      |                              |                          |          |                     |                        |           |                               |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVI |                              | PRESENT<br>EXTRA         |          | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus          | **                   |                              | =                        |          | X\$ 9=              |                        | OR        | X\$18=                        | ï                      |
|  | Independent                                    | •   | Minus          | ***                  |                              | =                        |          | X40=                |                        | OR        | X80=                          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                      |                              |                          |          |                     |                        |           | 272                           |                        |
| • 1  | f the entry in colu                            | mn 1 is less than th                      | uloo ni yane e | mn 2. writ           | e "0" in col                 | lumn 3.                  | L        | +135=               |                        | OR        | +270=                         |                        |
| ••   | If the "Highest Nu                             | mber Previously Pa<br>mber Previously Pa  | id For IN THIS | SPACE                | is less tha                  | n 20, enter <b>*</b> 20. | • A      | TOTAL<br>DDIT. FEE  |                        | OR        | TOTAL<br>ADDIT: FEE           | ·                      |
|  |  | nber Previously Pai                       |                |                      |                              |                          | er four  | nd in the app       | propriate box          | in col    | lumn 1.                       |                        |